

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050215

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 367

Primary Registration District No. 542

Registrar's No. 3684

FILED DEC 20 1963

VS 300
Rev. 4/59

1 4009

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson		Length of stay in 1b 3 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hilltop House		d. STREET ADDRESS (If outside, give location) 5648 Terry Ave.	
3. NAME OF DECEASED (Type or print) First Bernard Middle Joseph Last Getz		4. DATE OF DEATH Month 11 Day 30 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/4/81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Grocer - Ret.		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocer	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lawrence Getz		13b. MOTHER'S MAIDEN NAME Anna Roesman	
14. NAME OF HUSBAND OR WIFE Mary C. Getz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Mary C. Getz, 5648 Terry Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 151X DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 4:30 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo. STATE	
21. I attended the deceased from Nov. 27, 1963 to Nov. 30, 1963 and last saw him alive on Nov. 30, 1963 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John G. McFarney M.D.	
22b. ADDRESS 5014 Thekla Av.		22c. DATE SIGNED 12/1/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12/3/63	
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis	
24. FUNERAL DIRECTOR Drehmann-Harral		25. DATE RECD. BY LOCAL REG. 12-2-63	
26. REGISTRAR'S SIGNATURE John G. McFarney M.D.			

Dr. John G. McSwiney
5014 Thekla

Hrs. 1 - 5 PM Mon.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Warren A. Carver

Licensed Embalmer No.

3534

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.